BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	OR	RATE	FEE	
BASIC FEE					The Comp of the				na i	345.00	OR		690.00	
TOTAL CLAIMS			minus 20=			. 6			X\$ 9=		OR	X\$18=	108	
IND	EPENDENT CL	AIMS	## minus 3 =			. /			X39=		OR	X78=	73	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	816	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN SMALL ENTITY		
ENTA		CL REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 6	0	Minus	**	DQ	= /		X\$ 9=		OR	X\$18=		
AME	Independent	NTATIC	AN OF M	Minus	***	ENT CLAIM			X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
								١	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·	
			umn 1)			olumn 2)	(Column 3)				_		,	
AMENDMENT		REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 0	<u> </u>	Minus .	**	26,	=/		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	N OF M	Minus	***		]=		X39=		OR	X78=		
	THIOTTREE			OLIN EL DEI	LIND	LIVI OLANI			+130=		OR	+260=		
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
			umn 1)			olumn 2)	(Column 3)							
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	N OF M	Minus	***		=		X39=		OR	X78=		
	FINOI PRESE	MIAIR	7N OF M	OLITE DEF	END	CINI CLAIM			+130=		OR	+260=		
*	f the entry in colu f the "Highest Nu	mn 1 is l	ess than t	he entry in colu	mn 2,	write "0" in co	lumn 3.	· [	TOTAL		OR	TOTAL		
***	If the "Highest Nu The "Highest Num	mber Pr	eviously P	aid For" IN THI	S SPA	ACE is less tha	n 3, enter "3."		ADDIT. FEE ( und in the app	propriate box	l	ADDIT. FEE l lumn 1.		